

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists Billing
CPT Codes

HMOs and Other
Managed Care
Programs

Dental oral surgery (CPT) maximum fees increased

The state biennial budget, 1999 Wisconsin Act 9, recently signed into law significantly increases Wisconsin Medicaid maximum fees for dental services.

The 1999-2001 Biennial Budget authorizes the Department of Health and Family Services to establish new maximum allowable fees for dental services for state fiscal year 2000. The fees for adult dental services are equal to 65% of the statewide average of fees filed by dental providers to Medicaid in calendar year 1998, and the fees for children's dental services are equal to 69% of the statewide average of fees filed by dental providers to Medicaid in calendar year 1998.

This substantial fee increase is effective for dates of service on and after July 1, 1999. For dental claims paid prior to November 28, 1999, for dates of service beginning July 1, 1999, providers will receive adjustment payments in spring 2000. Claims paid after November 29, 1999, for dates of service beginning July 1, 1999, have been paid at the new rates, which are included on Attachment 1 of this Update.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For

providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

See Attachment 1 for a maximum fee schedule of oral surgery *Current Procedural Terminology* (CPT) codes, which describes those services covered by the Medicaid dental program for adults and children. *This schedule replaces your current maximum fee schedule.*

The chart also contains copayment amounts for recipients aged 18 and older. Copayments for all dental oral surgery services listed in Attachment 1 are \$3 unless otherwise noted.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their fees and procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits provided under fee-for-service arrangements.

The *Wisconsin Medicaid Update* is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid.

Attachment 1

Dental Oral Surgery Maximum Fee Schedule

CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
10120	Incision and removal of foreign body, subcutaneous tissues; simple	\$45.01	\$45.01	\$2.00
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$118.00	\$118.00	\$3.00
10140	Incision and drainage of hematoma, seroma, or fluid collection	\$43.87	\$43.87	\$2.00
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$29.78	\$29.78	\$2.00
10180	Incision and drainage, complex, postoperative wound infection	\$107.54	\$107.54	\$3.00
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion	61J	61J	\$3.00
11101	each separate/additional lesion	\$134.89	\$127.08	\$3.00
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	\$30.61	\$30.61	\$2.00
11441	lesion diameter 0.6 cm to 1.0 cm	\$150.35	\$117.25	\$3.00
11442	lesion diameter 1.1 cm to 2.0 cm	\$197.34	\$185.90	\$3.00
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips, lesion diameter 0.5 cm or less	\$236.64	\$236.64	\$3.00
11641	lesion diameter 0.6 cm to 1.0 cm	\$247.08	\$247.08	\$3.00
11642	lesion diameter 1.1 cm to 2.0 cm	\$300.89	\$300.89	\$3.00
11643	lesion diameter 2.1 cm to 3.0 cm	\$343.56	\$343.56	\$3.00
11644	lesion diameter 3.1 cm to 4.0 cm	\$504.15	\$504.15	\$3.00
11646	lesion diameter over 4.0 cm	61J	61J	\$3.00
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	\$111.84	\$75.40	\$3.00
12013	2.6 cm to 5.0 cm	\$94.30	\$94.30	\$3.00
12014	5.1 cm to 7.5 cm	\$120.46	\$120.46	\$3.00
12015	7.6 cm to 12.5 cm	\$206.73	\$137.93	\$3.00
12016	12.6 cm to 20.0 cm	\$659.64	\$621.40	\$3.00
12017	20.1 cm to 30.0 cm	61J	61J	\$3.00
12018	over 30.0 cm	61J	61J	\$3.00
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	\$166.98	\$157.30	\$3.00
12052	2.6 cm to 5.0 cm	\$205.62	\$193.70	\$3.00
12053	5.1 cm to 7.5 cm	\$203.96	\$171.01	\$3.00
12054	7.6 cm to 12.5 cm	\$252.48	\$252.48	\$3.00

KEY: 61J - This code is manually priced for reimbursement of dental services.

CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
12055	12.6 cm to 20.0 cm	\$437.83	\$437.83	\$3.00
12056	20.1 cm to 30.0 cm	61J	61J	\$3.00
12057	over 30.0 cm	61J	61J	\$3.00
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$269.69	\$269.69	\$3.00
13152	2.6 cm to 7.5 cm	\$400.28	\$400.28	\$3.00
13300	Repair, unusual, complicated, over 7.5 cm, any area	\$650.23	\$650.23	\$3.00
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	\$645.20	\$645.20	\$3.00
14041	defect 10.1 sq cm to 30.0 sq cm	\$928.94	\$928.94	\$3.00
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	\$787.38	\$787.38	\$3.00
14061	defect 10.1 sq cm to 30.0 sq cm	\$1,331.68	\$1,331.68	\$3.00
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	\$1,181.88	\$1,181.88	\$3.00
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children (For appropriate skin grafts, see 15050-15261; list the free graft separately by its procedure number when the graft, immediate or delayed, is applied)	\$452.46	\$452.46	\$3.00
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	\$1,013.62	\$1,013.62	\$3.00
15121	each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof	\$1,392.65	\$1,392.65	\$3.00
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	\$769.69	\$769.69	\$3.00
15241	each additional 20 sq cm	\$200.18	\$200.18	\$3.00
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	\$844.65	\$844.65	\$3.00
15261	each additional 20 sq cm	61J	61J	\$3.00
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	61J	61J	\$3.00
15576	eyelids, nose, ears, lips, or intraoral	61J	61J	\$3.00
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet	\$723.24	\$723.24	\$3.00
15630	at eyelids, nose, ears, or lips	\$856.86	\$856.86	\$3.00
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)	\$893.06	\$893.06	\$3.00
15740	Flap; island pedicle	61J	61J	\$3.00
15750	neurovascular pedicle	61J	61J	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	\$610.14	\$610.14	\$3.00
15770	derma-fat-fascia	61J	61J	\$3.00
15820	Blepharoplasty, lower eyelid;	61J	61J	\$3.00
15822	Blepharoplasty, upper eyelid;	61J	61J	\$3.00
15824	Rhytidectomy; forehead	61J	61J	\$3.00
15825	neck with platysmal tightening (platysmal flap, "P-flap")	61J	61J	\$3.00
15826	glabellar frown lines	61J	61J	\$3.00
15828	cheek, chin, and neck	\$221.60	\$221.60	\$3.00
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	61J	61J	\$3.00
17000	Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion	\$48.70	\$48.70	\$2.00
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	61J	61J	\$3.00
17281	lesion diameter 0.6 cm to 1.0 cm	61J	61J	\$3.00
17282	lesion diameter 1.1 cm to 2.0 cm	61J	61J	\$3.00
17283	lesion diameter 2.1 cm to 3.0 cm	61J	61J	\$3.00
17284	lesion diameter 3.1 cm to 4.0 cm	61J	61J	\$3.00
17286	lesion diameter over 4.0 cm	61J	61J	\$3.00
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial	\$60.45	\$60.45	\$3.00
20005	deep or complicated	\$281.19	\$281.19	\$3.00
20200	Biopsy, muscle; superficial	\$101.78	\$101.78	\$3.00
20205	deep	\$237.83	\$237.83	\$3.00
20206	Biopsy, muscle, percutaneous needle	\$90.49	\$90.49	\$3.00
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	\$105.29	\$105.29	\$3.00
20240	Biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	\$264.95	\$264.95	\$3.00
20245	deep (eg, humerus, ischium, femur)	\$320.78	\$320.78	\$3.00
20520	Removal of foreign body in muscle or tendon sheath; simple	\$90.50	\$90.50	\$3.00
20525	deep or complicated	\$208.03	\$208.03	\$3.00
20550	Injection, tendon sheath, ligament, trigger points or ganglion cyst	\$54.74	\$54.74	\$3.00
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	\$133.13	\$133.13	\$3.00
20615	Aspiration and injection for treatment of bone cyst	\$350.87	\$350.87	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)	\$159.59	\$159.59	\$3.00
20680	deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$277.41	\$277.41	\$3.00
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))	61J	61J	\$3.00
20694	Removal, under anesthesia, of external fixation system	\$332.41	\$332.41	\$3.00
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	61J	61J	\$3.00
20902	major or large	\$826.87	\$438.54	\$3.00
20910	Cartilage graft; costochondral	\$127.80	\$127.80	\$3.00
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	\$166.91	\$166.91	\$3.00
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	61J	61J	\$3.00
21010	Arthrotomy, temporomandibular joint	\$775.61	\$775.61	\$3.00
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	\$426.67	\$426.67	\$3.00
21026	facial bone(s)	\$138.09	\$138.09	\$3.00
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	61J	61J	\$3.00
21030	Excision of benign tumor or cyst of facial bone other than mandible	\$430.14	\$430.14	\$3.00
21031	Excision of torus mandibularis	\$263.68	\$263.68	\$3.00
21032	Excision of maxillary torus palatinus	\$313.30	\$313.30	\$3.00
21034	Excision of malignant tumor of facial bone other than mandible	\$1,365.06	\$1,365.06	\$3.00
21040	Excision of benign cyst or tumor of mandible; simple	\$230.07	\$230.07	\$3.00
21041	complex	\$677.21	\$677.21	\$3.00
21044	Excision of malignant tumor of mandible;	\$1,104.06	\$1,104.06	\$3.00
21045	radical resection	\$65.74	\$65.74	\$3.00
21050	Condylectomy, temporomandibular joint (separate procedure)	\$791.31	\$791.31	\$3.00
21060	Menisectomy, partial or complete, temporomandibular joint (separate procedure)	\$1,329.62	\$1,329.62	\$3.00
21070	Coronoidectomy (separate procedure)	\$1,060.61	\$1,060.61	\$3.00
21082	Impression and custom preparation; palatal augmentation prosthesis	61J	61J	\$3.00
21085	oral surgical splint	61J	61J	\$3.00
21086	auricular prosthesis	61J	61J	\$3.00
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	61J	61J	\$3.00
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	\$196.18	\$196.18	\$3.00
21121	Genioplasty; sliding osteotomy, single piece	\$1,495.19	\$1,495.19	\$3.00
21122	sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	\$1,715.87	\$1,715.87	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	\$1,715.87	\$1,715.87	\$3.00
21125	Augmentation, mandibular body or angle; prosthetic material	\$1,715.87	\$1,715.87	\$3.00
21127	with bone graft, onlay or interpositional (includes obtaining autograft)	61J	61J	\$3.00
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	61J	61J	\$3.00
21142	two pieces, segment movement in any direction, without bone graft	61J	61J	\$3.00
21143	three or more pieces, segment movement in any direction, without bone graft	61J	61J	\$3.00
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	\$1,715.87	\$1,715.87	\$3.00
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	\$2,370.38	\$2,370.38	\$3.00
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	\$2,370.38	\$2,370.38	\$3.00
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	\$1,715.87	\$1,715.87	\$3.00
21151	any direction, requiring bone grafts (includes obtaining autografts)	\$1,715.87	\$1,715.87	\$3.00
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	\$1,715.87	\$1,715.87	\$3.00
21155	with LeFort I	\$1,715.87	\$1,715.87	\$3.00
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	61J	61J	\$3.00
21160	with LeFort I	61J	61J	\$3.00
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	61J	61J	\$3.00
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft	\$1,715.87	\$1,715.87	\$3.00
21194	with bone graft (includes obtaining graft)	\$1,715.87	\$1,715.87	\$3.00
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	\$1,715.87	\$1,715.87	\$3.00
21196	with internal rigid fixation	\$2,370.37	\$2,370.37	\$3.00
21198	Osteotomy, mandible, segmental	\$1,715.87	\$1,715.87	\$3.00
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	\$1,715.87	\$1,715.87	\$3.00
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	\$530.74	\$530.74	\$3.00
21209	reduction	\$369.34	\$369.34	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	\$1,378.37	\$1,378.37	\$3.00
21215	mandible (includes obtaining graft)	\$1,840.21	\$424.74	\$3.00
21230	Graft, rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	\$822.38	\$822.38	\$3.00
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)	\$889.36	\$889.36	\$3.00
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	\$1,269.42	\$1,269.42	\$3.00
21242	Arthroplasty, temporomandibular joint, with allograft	\$1,269.42	\$1,269.42	\$3.00
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	61J	61J	\$3.00
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	61J	61J	\$3.00
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	61J	61J	\$3.00
21246	complete	\$1,846.69	\$1,846.69	\$3.00
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	61J	61J	\$3.00
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	61J	61J	\$3.00
21249	complete	61J	61J	\$3.00
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	61J	61J	\$3.00
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	61J	61J	\$3.00
21261	combined intra- and extracranial approach	61J	61J	\$3.00
21263	with forehead advancement	61J	61J	\$3.00
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	\$2,370.38	\$2,370.38	\$3.00
21268	combined intra- and extracranial approach	\$2,370.38	\$2,370.38	\$3.00
21270	Malar augmentation, prosthetic material	61J	61J	\$3.00
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	61J	61J	\$3.00
21296	intraoral approach	61J	61J	\$3.00
21299	Unlisted craniofacial and maxillofacial procedure	61J	61J	\$3.00
21310	Closed treatment of nasal bone fracture without manipulation	\$55.59	\$55.59	\$3.00
21315	Closed treatment of nasal bone fracture; without stabilization	\$168.36	\$168.36	\$3.00
21320	with stabilization	\$380.90	\$380.90	\$3.00
21325	Open treatment of nasal fracture; uncomplicated	\$559.56	\$559.56	\$3.00
21330	complicated, with internal and/or external skeletal fixation	\$588.82	\$588.82	\$3.00
21335	with concomitant open treatment of fractured septum	\$1,171.04	\$1,171.04	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
21336	Open treatment of nasal septal fracture, with or without stabilization	61J	61J	\$3.00
21337	Closed treatment of nasal septal fracture, with or without stabilization	\$317.02	\$317.02	\$3.00
21338	Open treatment of nasoethmoid fracture; without external fixation	\$924.39	\$924.39	\$3.00
21339	with external fixation	\$1,120.57	\$1,120.57	\$3.00
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	\$652.47	\$652.47	\$3.00
21343	Open treatment of depressed frontal sinus fracture	\$1,105.06	\$1,105.06	\$3.00
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	\$1,378.00	\$1,378.00	\$3.00
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	\$662.97	\$662.97	\$3.00
21347	requiring multiple open approaches	\$1,622.12	\$1,622.12	\$3.00
21348	with bone grafting (includes obtaining graft)	61J	61J	\$3.00
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	\$73.58	\$73.58	\$3.00
21356	Open treatment of depressed zygomatic arch fracture (eg, Gilles approach)	61J	61J	\$3.00
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	\$996.45	\$996.45	\$3.00
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	\$1,255.17	\$1,255.17	\$3.00
21366	with bone grafting (includes obtaining graft)	61J	61J	\$3.00
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)	\$923.72	\$923.72	\$3.00
21386	periorbital approach	\$1,301.85	\$1,301.85	\$3.00
21387	combined approach	\$1,556.03	\$1,556.03	\$3.00
21390	periorbital approach, with alloplastic or other implant	\$1,108.01	\$1,108.01	\$3.00
21395	periorbital approach with bone graft (includes obtaining graft)	\$2,370.38	\$2,370.38	\$3.00
21400	Closed treatment of fracture of orbit, except "blowout"; without manipulation	\$104.90	\$104.90	\$3.00
21401	with manipulation	61J	61J	\$3.00
21406	Open treatment of fracture of orbit, except "blowout"; without implant	\$1,186.69	\$1,186.69	\$3.00
21407	with implant	61J	61J	\$3.00
21408	with bone grafting (includes obtaining graft)	61J	61J	\$3.00
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	\$1,003.23	\$1,003.23	\$3.00
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	\$1,575.93	\$1,575.93	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches	61J	61J	\$3.00
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	\$780.05	\$780.05	\$3.00
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	61J	61J	\$3.00
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	\$1,592.59	\$1,592.59	\$3.00
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	\$2,370.38	\$2,370.38	\$3.00
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	61J	61J	\$3.00
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	61J	61J	\$3.00
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	\$1,176.45	\$737.19	\$3.00
21450	Closed treatment of mandibular fracture; without manipulation	61J	61J	\$3.00
21451	with manipulation	\$1,449.93	\$1,449.93	\$3.00
21452	Percutaneous treatment of mandibular fracture, with external fixation	61J	61J	\$3.00
21453	Closed treatment of mandibular fracture with interdental fixation	\$1,485.07	\$1,339.96	\$3.00
21454	Open treatment of mandibular fracture with external fixation	\$1,300.07	\$1,300.07	\$3.00
21461	Open treatment of mandibular fracture; without interdental fixation	61J	61J	\$3.00
21462	with interdental fixation	\$1,890.03	\$1,524.25	\$3.00
21465	Open treatment of mandibular condylar fracture	61J	61J	\$3.00
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	\$2,370.37	\$2,030.93	\$3.00
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	\$165.38	\$165.38	\$3.00
21485	complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	61J	61J	\$3.00
21490	Open treatment of temporomandibular dislocation	61J	61J	\$3.00
21497	Interdental wiring, for condition other than fracture	61J	61J	\$3.00
21499	Unlisted musculoskeletal procedure, head	61J	61J	\$3.00
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	61J	61J	\$3.00
29804	Arthroscopy, temporomandibular joint, surgical	61J	61J	\$3.00
30130	Excision turbinate, partial or complete, any method	\$154.88	\$154.88	\$3.00
30140	Submucous resection turbinate, partial or complete, any method	\$249.69	\$249.69	\$3.00
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	\$834.89	\$834.89	\$3.00

KEY: 61J - This code is manually priced for reimbursement of dental services.

CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	\$1,193.94	\$1,193.94	\$3.00
30420	including major septal repair	\$1,738.74	\$1,738.74	\$3.00
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	\$380.42	\$380.42	\$3.00
30435	intermediate revision (bony work with osteotomies)	\$406.28	\$406.28	\$3.00
30450	major revision (nasal tip work and osteotomies)	\$1,550.48	\$1,550.48	\$3.00
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	61J	61J	\$3.00
30462	tip, septum, osteotomies	61J	61J	\$3.00
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	61J	61J	\$3.00
30600	oronasal	\$316.53	\$316.53	\$3.00
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	\$70.20	\$70.20	\$3.00
31020	Sinusotomy, maxillary (antrotomy); intranasal	\$256.59	\$256.59	\$3.00
31030	radical (Caldwell-Luc) without removal of antrochoanal polyps	\$997.49	\$997.49	\$3.00
31032	radical (Caldwell-Luc) with removal of antrochoanal polyps	\$937.68	\$937.68	\$3.00
31225	Maxillectomy; without orbital exenteration	\$2,326.83	\$2,326.83	\$3.00
31600	Tracheostomy, planned (separate procedure);	\$520.73	\$520.73	\$3.00
31603	Tracheostomy, emergency procedure; transtracheal	\$611.44	\$611.44	\$3.00
31605	cricothyroid membrane	61J	61J	\$3.00
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	\$547.35	\$547.35	\$3.00
40490	Biopsy of lip	\$89.05	\$89.05	\$3.00
40500	Vermilionectomy (lip shave), with mucosal advancement	61J	61J	\$3.00
40510	Excision of lip; transverse wedge excision with primary closure	61J	61J	\$3.00
40520	V-excision with primary direct linear closure	61J	61J	\$3.00
40525	full thickness, reconstruction with local flap (eg, Estlander or fan)	61J	61J	\$3.00
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander)	\$1,292.69	\$1,292.69	\$3.00
40530	Resection of lip, more than one-fourth, without reconstruction	61J	61J	\$3.00
40650	Repair lip, full thickness; vermilion only	\$317.88	\$317.88	\$3.00
40652	up to half vertical height	61J	61J	\$3.00
40654	over one-half vertical height, or complex	\$303.74	\$303.74	\$3.00
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	\$1,251.58	\$1,251.58	\$3.00
40701	primary bilateral, one stage procedure	\$1,936.57	\$1,936.57	\$3.00
40702	primary bilateral, one of two stages	61J	61J	\$3.00
40720	secondary, by recreation of defect and reclosure	\$1,830.62	\$1,830.62	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	61J	61J	\$3.00
40799	Unlisted procedure, lips	61J	61J	\$3.00
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	\$89.90	\$84.69	\$3.00
40801	complicated	61J	61J	\$3.00
40804	Removal of embedded foreign body, vestibule of mouth; simple	61J	61J	\$3.00
40805	complicated	61J	61J	\$3.00
40806	Incision of labial frenum (frenotomy)	\$65.25	\$65.25	\$3.00
40808	Biopsy, vestibule of mouth	\$127.34	\$107.47	\$3.00
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	\$57.61	\$57.61	\$3.00
40812	with simple repair	\$125.69	\$108.12	\$3.00
40814	with complex repair	\$221.60	\$221.60	\$3.00
40816	complex, with excision of underlying muscle	\$265.92	\$265.92	\$3.00
40818	Excision of mucosa of vestibule of mouth as donor graft	61J	61J	\$3.00
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	\$192.13	\$130.00	\$3.00
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	\$181.71	\$181.71	\$3.00
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	\$137.96	\$130.12	\$3.00
40831	over 2.5 cm or complex	61J	61J	\$3.00
40899	Unlisted procedure, vestibule of mouth	61J	61J	\$3.00
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	\$131.95	\$131.95	\$3.00
41005	sublingual, superficial	61J	61J	\$3.00
41006	sublingual, deep, supramylohyoid	61J	61J	\$3.00
41007	submental space	61J	61J	\$3.00
41008	submandibular space	\$110.00	\$87.65	\$3.00
41009	masticator space	\$189.80	\$189.80	\$3.00
41010	Incision of lingual frenum (frenotomy)	\$130.40	\$130.40	\$3.00
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	\$146.25	\$146.25	\$3.00
41016	submental	61J	61J	\$3.00
41017	submandibular	61J	61J	\$3.00
41018	masticator space	61J	61J	\$3.00
41100	Biopsy of tongue; anterior two-thirds	\$122.84	\$78.52	\$3.00
41105	posterior one-third	\$156.85	\$156.85	\$3.00
41108	Biopsy of floor of mouth	\$68.62	\$59.09	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
41110	Excision of lesion of tongue without closure	\$209.04	\$209.04	\$3.00
41112	Excision of lesion of tongue with closure; anterior two-thirds	\$130.87	\$130.87	\$3.00
41113	posterior one-third	61J	61J	\$3.00
41114	with local tongue flap	61J	61J	\$3.00
41115	Excision of lingual frenum (frenectomy)	\$225.74	\$133.90	\$3.00
41116	Excision, lesion of floor of mouth	61J	61J	\$3.00
41120	Glossectomy; less than one-half tongue	\$808.11	\$808.11	\$3.00
41130	hemiglossectomy	61J	61J	\$3.00
41135	partial, with unilateral radical neck dissection	61J	61J	\$3.00
41140	complete or total, with or without tracheostomy, without radical neck dissection	61J	61J	\$3.00
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection	61J	61J	\$3.00
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	61J	61J	\$3.00
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection	\$762.69	\$762.69	\$3.00
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	61J	61J	\$3.00
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	\$92.96	\$92.96	\$3.00
41251	posterior one-third of tongue	61J	61J	\$3.00
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	61J	61J	\$3.00
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	61J	61J	\$3.00
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	61J	61J	\$3.00
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	61J	61J	\$3.00
41599	Unlisted procedure, tongue, floor of mouth	61J	61J	\$3.00
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$97.04	\$97.04	\$3.00
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	61J	61J	\$3.00
41806	bone	61J	61J	\$3.00
41820	Gingivectomy, excision gingiva, each quadrant	\$300.00	\$300.00	\$3.00
41821	Operculectomy, excision pericoronal tissues	61J	61J	\$3.00
41822	Excision of fibrous tuberosities, dentoalveolar structures	\$147.19	\$147.19	\$3.00
41823	Excision of osseous tuberosities, dentoalveolar structures	\$293.58	\$293.58	\$3.00
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	61J	61J	\$3.00
41826	with simple repair	\$198.45	\$198.45	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
41827	with complex repair	\$136.66	\$136.66	\$3.00
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	\$284.80	\$268.29	\$3.00
41850	Destruction of lesion (except excision), dentoalveolar structures	61J	61J	\$3.00
41872	Gingivoplasty, each quadrant (specify)	\$254.10	\$254.10	\$3.00
41899	Unlisted procedure, dentoalveolar structures	61J	61J	\$3.00
42000	Drainage of abscess of palate, uvula	\$139.61	\$139.61	\$3.00
42100	Biopsy of palate, uvula	\$236.91	\$95.20	\$3.00
42104	Excision, lesion of palate, uvula; without closure	\$253.84	\$120.40	\$3.00
42106	with simple primary closure	61J	61J	\$3.00
42107	with local flap closure	61J	61J	\$3.00
42120	Resection of palate or extensive resection of lesion	61J	61J	\$3.00
42140	Uvulectomy, excision of uvula	61J	61J	\$3.00
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	\$1,216.80	\$1,216.80	\$3.00
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	61J	61J	\$3.00
42180	Repair, laceration of palate; up to 2 cm	61J	61J	\$3.00
42182	over 2 cm or complex	\$220.21	\$220.21	\$3.00
42200	Palatoplasty for cleft palate, soft and/or hard palate only	\$1,253.04	\$1,253.04	\$3.00
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	61J	61J	\$3.00
42210	with bone graft to alveolar ridge (includes obtaining graft)	61J	61J	\$3.00
42215	Palatoplasty for cleft palate; major revision	\$1,372.10	\$1,372.10	\$3.00
42220	secondary lengthening procedure	\$1,205.89	\$1,205.89	\$3.00
42225	attachment pharyngeal flap	\$1,301.32	\$1,301.32	\$3.00
42226	Lengthening of palate, and pharyngeal flap	\$1,197.39	\$1,197.39	\$3.00
42227	Lengthening of palate, with island flap	\$1,197.39	\$1,197.39	\$3.00
42235	Repair of anterior palate, including vomer flap	\$535.54	\$535.54	\$3.00
42260	Repair of nasolabial fistula	\$345.33	\$345.33	\$3.00
42280	Maxillary impression for palatal prosthesis	61J	61J	\$3.00
42299	Unlisted procedure, palate, uvula	61J	61J	\$3.00
42300	Drainage of abscess; parotid, simple	61J	61J	\$3.00
42305	parotid, complicated	\$210.53	\$210.53	\$3.00
42310	Drainage of abscess; submaxillary or sublingual, intraoral	61J	61J	\$3.00
42320	submaxillary, external	\$84.21	\$84.21	\$3.00
42325	Fistulization of sublingual salivary cyst (ranula);	61J	61J	\$3.00
42326	with prosthesis	61J	61J	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	\$151.33	\$151.33	\$3.00
42335	submandibular (submaxillary), complicated, intraoral	\$182.45	\$182.45	\$3.00
42340	parotid, extraoral or complicated intraoral	61J	61J	\$3.00
42400	Biopsy of salivary gland; needle	\$71.65	\$71.65	\$3.00
42405	incisional	61J	61J	\$3.00
42408	Excision of sublingual salivary cyst (ranula)	\$219.39	\$219.39	\$3.00
42409	Marsupialization of sublingual salivary cyst (ranula)	61J	61J	\$3.00
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$765.62	\$765.62	\$3.00
42415	lateral lobe, with dissection and preservation of facial nerve	\$1,601.74	\$1,601.74	\$3.00
42420	total, with dissection and preservation of facial nerve	\$1,962.29	\$1,962.29	\$3.00
42425	total, en bloc removal with sacrifice of facial nerve	\$1,477.35	\$1,477.35	\$3.00
42426	total, with unilateral radical neck dissection	61J	61J	\$3.00
42440	Excision of submandibular (submaxillary) gland	\$973.68	\$973.68	\$3.00
42450	Excision of sublingual gland	\$659.64	\$659.64	\$3.00
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	61J	61J	\$3.00
42505	secondary or complicated	\$725.82	\$725.82	\$3.00
42507	Parotid duct diversion, bilateral (Wilke type procedure);	61J	61J	\$3.00
42508	with excision of one submandibular gland	61J	61J	\$3.00
42509	with excision of both submandibular glands	\$1,802.37	\$1,802.37	\$3.00
42510	with ligation of both submandibular (Wharton's) ducts	61J	61J	\$3.00
42550	Injection procedure for sialography	61J	61J	\$3.00
42600	Closure salivary fistula	61J	61J	\$3.00
42650	Dilation salivary duct	\$40.62	\$40.62	\$3.00
42660	Dilation and catheterization of salivary duct, with or without injection	61J	61J	\$3.00
42665	Ligation salivary duct, intraoral	\$81.99	\$81.99	\$3.00
42699	Unlisted procedure, salivary glands or ducts	61J	61J	\$3.00
42700	Incision and drainage abscess; peritonsillar	\$118.23	\$118.23	\$3.00
42720	retropharyngeal or parapharyngeal, intraoral approach	\$164.72	\$164.72	\$3.00
42725	retropharyngeal or parapharyngeal, external approach	\$413.66	\$413.66	\$3.00
42800	Biopsy; oropharynx	\$136.43	\$111.17	\$3.00
42808	Excision or destruction of lesion of pharynx, any method	\$435.46	\$435.46	\$3.00
42809	Removal of foreign body from pharynx	\$78.99	\$78.99	\$3.00
42890	Limited pharyngectomy	61J	61J	\$3.00
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	61J	61J	\$3.00

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CPT Code	Description	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap	61J	61J	\$3.00
42900	Suture pharynx for wound or injury	\$369.34	\$369.34	\$3.00
42962	Pharyngoplasty (plastic reconstructive operation on pharynx)	61J	61J	\$3.00
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	\$103.29	\$103.29	\$3.00
42961	complicated, requiring hospitalization	\$252.44	\$252.44	\$3.00
42962	with secondary surgical intervention	\$265.92	\$265.92	\$3.00
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization	\$380.42	\$380.42	\$3.00
42971	complicated, requiring hospitalization	\$163.24	\$163.24	\$3.00
42972	with secondary surgical intervention	\$289.20	\$289.20	\$3.00
42999	Unlisted procedure, pharynx, adenoids, or tonsils	61J	61J	\$3.00
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	\$206.72	\$105.80	\$3.00
64505	Injection, anesthetic agent; sphenopalatine ganglion	61J	61J	\$3.00
64510	stellate ganglion (cervical sympathetic)	61J	61J	\$3.00
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	61J	61J	\$3.00
64605	second and third division branches at foramen ovale	61J	61J	\$3.00
64610	second and third division branches at foramen ovale under radiologic monitoring	\$624.18	\$624.18	\$3.00
64716	Neuroplasty and/or transposition; cranial nerve (specify)	61J	61J	\$3.00
64722	Decompression; unspecified nerve(s) (specify)	61J	61J	\$3.00
64727	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	\$378.58	\$378.58	\$3.00
64734	Transection or avulsion of; infraorbital nerve	61J	61J	\$3.00
64736	mental nerve	61J	61J	\$3.00
64738	inferior alveolar nerve by osteotomy	61J	61J	\$3.00
64740	lingual nerve	61J	61J	\$3.00
64742	facial nerve, differential or complete	61J	61J	\$3.00

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